

GA Application Check List

- ☐ GA application registered within 24 hours of receipt, worker interview scheduled and verification requested.
- ☐ Register GA & MS programs on **REAP SCREEN**. Enter **Y** in the '**Presumptive Disability**' field to indicate PD for Medical.
- ☐ Meets general eligibility requirements of act in own behalf (KEESM 2100), cooperation (2120), SSN requirements (2130), citizenship and alienage (2140), verification of citizenship (2145), verification of identity [1322.5(b)], residency (2150), fugitive felons and probation and parole violators (2182), and financial eligibility requirements.
- ☐ Did not receive cash benefits in another state in any month that applicant is applying for cash benefits in Kansas. (Duplicate benefits KEESM 2151).
- ☐ Consumer is not eligible for TAF (KEESM 2312).
- ☐ If the consumer owns a vehicle, it is registered in Kansas (KEESM 2311).

- ☐ PMDD process explained to consumer during SRS interview.
 - ✓ **ES-3902** (PMDD brochure) given to consumer and program explained
 - ✓ **IM-3110** or **IM-3110.2** (Interim Assistance Reimbursement Form) signed. Make 3 copies. Original sent to SSA district office within 10 days of receiving signed form. Copy for consumer, Central Office and file (KEESM 2316).
 - ✓ **ES-3904** (Release of Information Form) signed. Consumer needs to sign 4 forms. Mail 3 to PMDT and retain 1 in file.
 - ✓ **Telephone Consultation** scheduled with PMDT and consumer notified of the date and time to contact PMDT. PMDT telephone number is **1-888-547-2763**.
 - ✓ **ES-3903** (Telephone Consultation Guide) given to consumer and explained.
 - ✓ **ES-3901** (PMDD Referral Form) completed. Fax/mail to PMDT, copy for file.
 - ✓ **SSA Disability Requirement** explained to consumer and referred to SSA Office to apply for disability benefits (KEESM 2315).

- ☐ Determine number of GA months consumer received prior to application
 - If less than 12 months, consumer is eligible for Tier 1 or Tier 2 determination.
 - If more than 12 months, consumer is eligible for Tier 1 only determination.
- ☐ **ES-3901, ES-3904**, mailed or faxed to PMDT. PMDT fax number is 785/296-1723 or 785/296-3482.
- ☐ Verified consumer has applied for Social Security Disability Benefits (SSDI and SSI) through TPQY, Social Security contact, KLS or consumer verification (KEESM 2315).

If approved for Presumptive Disability – Tier 1 Disability Level

- ✓ Open MS program. Benefit proration date can be 3 months prior if requested by consumer and approved by PMDT.
- ✓ Code GA program subtype PM and enter OU under 'AM' field on SEPA screen.
- ✓ Code PRDD screen for approval.
- ✓ Send Presumptive Medical & GA Cash approval notices.

If approved for Presumptive Disability – Tier 2 Disability Level

- ✓ Authorize GA Cash & MediKan.
- ✓ MS program continues in pend status.
- ✓ Send GA Cash & MediKan approval notices.

If denied for Presumptive Disability

- ✓ If SSA disability process is current and consumer is cooperating, pend the MS program.
- ✓ If SSA disability process is NOT current, deny the MS program.
- ✓ Send Presumptive Medicaid and GA Cash denial notices.